

VG
123
A5
1917

VG

123

A5.

1917

CORNELL
UNIVERSITY
LIBRARY





REGULATIONS
FOR THE
GOVERNMENT OF NAVAL DISTRICTS
OF THE
UNITED STATES
1917

Cornell University Library

FROM THE

UNITED STATES GOVERNMENT

THROUGH THE

SUPERINTENDENT OF DOCUMENTS

A 372317

29 JUL 1977

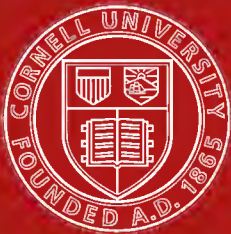
§ 506 Rev. Stat. prohibits the withdrawal of this book for home use.

Cornell University Library
VG123 .A5 1917

Regulations for the government of naval



3 1924 030 897 221
olin



Cornell University
Library

The original of this book is in
the Cornell University Library.

There are no known copyright restrictions in
the United States on the use of the text.

NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

Regulations
for the
Government of Naval Districts
of the
United States

(Medical Department)

June, 1917



WASHINGTON
GOVERNMENT PRINTING OFFICE
1917

VG
123
AS
1917

A 372 317

REGULATIONS FOR THE GOVERNMENT OF NAVAL DISTRICTS OF THE UNITED STATES.

Subject: Regulations for the government of naval districts of the United States (instructions governing the Medical Department).

References: Chapter 46, Naval Instructions.

FOR MOBILIZATION.

1. The plans for the organization of naval districts provide, in part, for the following personnel to assist the commandant in the performance of his duties:

Medical officer, director of dispensary service (general).

1. Medical officers in charge of dispensaries at bases and stations other than navy yards and naval stations.

2. Hospital Corpsmen.

Medical officer, director of hospital service (central).

1. Supervisors of sick in other than naval hospitals.

2. Hospital Corpsmen.

3. Nurse Corps, regular, reserve, Naval Reserve Force, class 4.

The coast-defense force will consist of:

A. Commandant of the naval district.

- (a) Assistant commandant.

- (b) Headquarters staff.

- (c) Commander naval forces.

- I. Coast-defense division.

- II. District scouts.

- (d) Commander of section.

- I. Officer in charge of section patrols.

- II. Officer in charge of naval patrols.

1. Naval patrol stations.

2. Aircraft stations.

3. Radio stations.

PERSONNEL AFFECTED AND INCLUDED.

The following forces and personnel will be mobilized or become, by act of Congress, presidential or other order, a part of the naval forces and will require medical attention:

A. Navy.

B. Naval Reserve forces, classes 1, 2, 3, 4, 5.

C. Naval Militia (National Naval Volunteers).

D. Coast Guard.

E. Lighthouse Service.

F. Coast and Geodetic Survey.

G. Personnel from such other forces—Government, municipal, civil, or private—as may become a part of the naval forces for the period of the public emergency.

2. The following instructions are issued with a view to coordinating, supervising, and providing medical service, care, and treatment to the sick and wounded of the personnel of all the forces under all circumstances, to be effective upon the issue of orders for mobilization.

3. Inclosures A, B, C, D, E refer to the cooperation of the United States Public Health Service with the Medical Department of the Navy in time of public emergency; the method of providing medical relief to vessels of the Coast Guard and the Lighthouse Service; and to vessels of the Coast and Geodetic Survey. Inclosures F, G, H, and I are charts and matter prepared by or under the direction of the Bureau of Medicine and Surgery or of the United States Public Health Service with reference to dispensary, hospital, quarantine, and laboratory facilities (Government, municipal, and private), and may be obtained from the Bureau of Medicine and Surgery upon request when occasion requires.

Inclosures:

A. Correspondence relative to cooperation of the United States Public Health Service with the Medical Department of the Navy in time of threatened or actual war.

B. Executive order of the President, April 3, 1917, relative to inclosure A.

C. Public Health Service circular letter of instructions to medical officers.

D. Statement relative to supplies and equipment and detail of medical officers to vessels of the Coast Guard.

E. Statement relative to supplies and equipment and detail of medical officers to vessels of the Coast and Geodetic Survey.

F. Schematic chart of division of medical service (from Bureau of Medicine and Surgery upon request).

- G. Blue-print charts of section bases, civil and United States Public Health Service facilities (obtained from Bureau of Medicine and Surgery upon request).
- H. Current copy of Treasury Department publication on contracts for the care of seamen, etc (from Bureau of Medicine and Surgery upon request).
- I. List of stations of the United States Public Health Service where complete facilities are available for disinfection, fumigation, deratization, etc.
- J. Specimen contract for use in connection with the use of the facilities of civil hospitals and other institutions.
- K. Proclamation by the President concerning the American National Red Cross activities in time of war.
- L. Certain instructions concerning records and reports and returns on various personnel and blank forms.
- M. Deaths and disposal of remains.

4. Upon the existence of threatened or actual war the Bureau of Medicine and Surgery will recommend that the cooperation of the United States Public Health Service with the Medical Department of the Navy be obtained, and that the Secretary of the Navy make request upon the Secretary of the Treasury that authority be granted for the Medical Department of the Navy to avail itself of the utilities and facilities to be had at certain hospitals, quarantine and other stations of the United States Public Health Service for the care and treatment of sick and wounded from ships and stations of the Navy; and that the Medical Department of the Navy be authorized to direct the transfer of such sick and wounded patients to the nearest hospital, quarantine or other station of the United States Public Health Service when emergency or urgent necessity demands; and, further, that the health records, sick reports, medical surveys, etc., be kept and made out by officers of the United States Public Health Service attached to the above-mentioned stations, such officers to be directed by proper authority to assist in the proper execution of Navy and Marine Corps records.

5. The United States Public Health Service will see to it that such hospitals and stations as might be used for the care of the sick of the naval personnel are thoroughly equipped, put in order, repaired, such additions and extensions as may be necessary made, and that equipment and supplies may be available to make these hospitals and stations ready to meet possible demands upon them.

6. The Bureau of Medicine and Surgery will avail itself of offices of the United States Public Health Service having to do with matters pertaining to the control of biological products, comprising periodic inspections of commercial establishments, laboratory examinations of their products and researches in respect to standards and other

matters affecting the purity and potency of these products, examination and preparation of viruses, serums, and toxins, etc., serological, Wassermann, and Noguchi examinations, various reports of the service on diseases, water analyses, and general sanitation.

7. Communications sent to a marine hospital should be addressed to the "Medical Officer in Charge, U. S. Marine Hospital, _____" and those sent to second or third class stations to the "Medical Officer in Charge, U. S. Public Health Service, _____."

MEDICAL ATTENTION RENDERED AND SUPPLIES FURNISHED THE COAST GUARD AND LIGHTHOUSE ESTABLISHMENTS.

8. The Coast Guard and the Lighthouse Service, so far as the personnel and medical supplies are concerned, will receive medical attention and medical stores and supplies as heretofore provided by or under the direction of the United States Public Health Service. Additional Navy medical officers will be detailed where necessary to replace, augment, or fill vacancies for medical officers of the United States Public Health Service.

9. "Hereafter whenever in accordance with law the expenses of the Coast Guard are paid by the Navy Department any naval appropriations shall be reimbursed from available appropriations made by Congress for the expenses of the Coast Guard." Upon request payment will be made for medical supplies furnished vessels of the Coast Guard from the regular appropriation of the Coast Guard by a transfer of funds. Regular appropriations made for the Coast Guard Service will continue in force while available, and naval appropriations will only be used when Coast Guard appropriations shall have been exhausted. It is desirable so far as possible not to disturb normal conditions except where absolutely necessary. It is therefore understood that vessels of the Coast Guard will continue to secure medical supplies while cooperating with the Navy in the same manner as heretofore. Subsequently when Coast Guard appropriations shall have been exhausted, while the Coast Guard is a part of the Navy, the Bureau of Medicine and Surgery will furnish vessels of the Coast Guard with medical supplies upon requisition therefor being made to that bureau. Medical supplies so requested will be allowed only in same amount as is allowed vessels of the Navy of similar size and complement. (See Bureau of Medicine and Surgery letter 127847, of Apr. 18, 1917, and indorsements from Bureau of Supplies and Accounts and Captain Commandant Coast Guard.)

10. When vessels of the Lighthouse Establishment are transferred to operate as a part of the naval forces "after such transfer all expenses connected therewith shall be defrayed out of the appropriations for the department to which transfer is made."

11. The Coast and Geodetic Survey, so far as personnel and medical supplies are concerned, will receive medical attention and medical stores and supplies as heretofore provided (see inclosure E); additional medical attention, services, and supplies to be provided in such a manner as may become expedient.

12. Personnel coming within paragraph 1, G above will be provided for as circumstances indicate.

MEDICAL SERVICE.

13. Medical service will be rendered under two general divisions—dispensary service (general) and hospital service (central).

(a) Dispensaries or quarters for the temporary housing and care of patients ashore and afloat will be established at section bases for patrol forces and at other outlying stations (such as aero, radio, recruit depots and camps) within the district.

(b) The naval hospital, together with such necessary adjuncts, located at the permanent naval base will constitute the naval hospital base for the care, treatment, and disposition of all patients requiring hospital care.

DIRECTORS OF MEDICAL SERVICE.

14. (a) **MEDICAL OFFICER; DIRECTOR OF DISPENSARY SERVICE.**—The medical aid to the commandant: It is desired, so far as this bureau is concerned, that the senior medical officer at the navy yard or station be designated the medical aid to the commandant herein provided, he to have general charge of all dispensary service.

(b) **MEDICAL OFFICER; DIRECTOR OF HOSPITAL SERVICE, NAVAL HOSPITAL BASE.**—Medical officer in command of naval hospital, medical director of hospital service at naval hospital base at permanent naval base: It is desired, so far as the bureau is concerned, that the medical officer in command of the naval hospital will consider himself in charge (as medical director) of the hospital service of the naval hospital base located at the permanent naval base.

ADDITIONAL MEDICAL OFFICERS' ASSISTANTS.

15. Such medical officers as may be required to assist the medical aid in the performance of his duties; to act as *medical officer in charge of section base (or ——— station) dispensary*; to be in charge of reception and distributing stations and transportation; or as may be otherwise required, will be detailed for duty within the district.

The commandant of the district will issue the necessary orders authorizing the district medical officer to provide medical assistance and supplies and instructions.

Such medical officers of the regular staff of the naval hospital or such additional medical officers as may be required for duty as *supervisors of sick in other than naval hospitals* will be detailed from the naval hospital or other source for duty within the district.

Patients of the Navy and Marine Corps under treatment at Public Health Service stations and civil institutions shall comply with all rules and regulations of these institutions and the directions of the officer or superintendent in charge and shall conduct themselves in a similar manner as though residents of the naval hospital (to which they are officially attached) and shall be reported and disciplined by proper authority for any and all infractions of rules, regulations, and deportment consistent with the furtherance of the best interests of the Medical Department and Service, and in compliance with the Navy Regulations in respect to these conditions.

DISPENSARY SERVICE (GENERAL).

16. The officer in charge of this service shall have general supervision of all dispensary service within the naval district. He shall be responsible for the proper organization, establishment, and equipping of suitable medical and surgical facilities in the nature of dispensaries or quarters for the temporary housing and care of patients at section bases for patrol forces and other outlying stations (such as aero, radio stations, recruit depots and camps, etc.), and for the medical care of the personnel of the Navy, Regular, Reserve, and Volunteer, within the district and not attached to navy yards or stations otherwise provided for.

He shall exercise general supervision over all naval medical activities in the district, except naval hospitals, such as the coordination and direction of the work of the medical officers in charge of section base and other outlying station dispensaries. He shall direct the preparation of requisitions for proper medical outfit; for the units of dispensary service within his district; the furnishing of patrol boats with boat boxes; the furnishing of larger "mother" boats operating with patrol boats with a standard medicine box, etc., obtaining and detailing adequate, competent, personnel for stations and boats.

He should prepare for issue to all commanding and medical officers of patrol boats (and other vessels as necessary) instructions and information concerning medical service and the disposition of patients of the dispensary service and for further transfer to the Naval Hospital Base.

He should inform the Bureau of Medicine and Surgery of the number of medical officers he desires sent to him in addition to the offi-

cers of the Regular service, Reserve Force, and Militia then on duty, to undertake the activities of the yard and the various dispensaries.

The medical officer should call upon the commandant for enrollment of all necessary clerical assistance needed in his office.

As soon as practical the bureau should be informed of the probable maximum personnel of the district so that proper hospital facilities may be afforded to take care of them.

All sick who can not be sent to duty within a few days should be sent to nearest naval hospital, as soon as able to travel and transportation is available. When sent in any number the naval hospital should be notified in advance of their arrival.

He should make all provisions required by naval regulations and instructions and Manual for Medical Department for the preparation, verification, care in keeping, custody and disposition of health records, statistical reports and returns.

He should maintain close relations and cooperation with the medical officer in command of each naval hospital within the district (director of hospital service, naval hospital base at permanent naval base).

It is intended that the medical officer located at the headquarters of the commandant of the naval district will act as the medical aid for the district. In such places as Annapolis, Md., Washington, D. C., Portsmouth, N. H., it will be necessary to use the permanent establishments as section bases and for the medical and commanding officers of such stations to cooperate with the commandant of the district and his medical aid in affording medical service not only as a section base but as a permanent base.

At those places where no Government facilities are at hand patients may be placed temporarily in civil institutions to be sent as soon as practicable to the nearest marine or naval hospital.

Where the services of naval medical officers are not available, officers and men attached to a naval district may receive office treatment from officers of the United States Public Health Service in the vicinity.

Officers and enlisted men of naval districts requiring immediate hospital treatment, where naval hospitals are not available, are entitled to admission to a hospital of the United States Public Health Service (Marine Hospital); requests by commanding officers or enlisted men in charge, made directly upon the hospital, will be sufficient for this purpose. No payments will be made for either office or hospital service, as all such charges are adjusted between the United States Public Health Service and the Bureau of Medicine and Surgery.

Where medical services can not be obtained from either naval or public health sources, or when transportation to one or the other is

not practicable, or in cases of sudden emergency, a civilian physician may be employed, or admission to a civilian hospital may be authorized by the commanding officer or enlisted man in charge, and reported as required by Article 4535 (5) (6), Navy Regulations. Vouchers, completely certified, will be submitted to the Bureau of Medicine and Surgery through official channels.

Such additional instructions and information as may be considered necessary concerning this medical service will be prepared for issue under the direction of the commandant of the district concerned.

DUTIES OF MEDICAL OFFICER IN CHARGE OF DISPENSARY.

17. The duties of the medical officer in charge of the section base dispensary should be to make a preliminary survey of the locality, landing, and docking facilities, and select suitable quarters for the dispensary. He should proceed without delay to establish and equip his station and make report to the proper authorities, submit requisitions, and receipt for stores, obtain by recommendation proper personnel, etc., and to make such other arrangements as in his judgment are required for the particular station. He should familiarize himself with all charts, instructions, and information concerning the particular section base and its immediate hospital base, or the section base furnished him by the commandant or the bureau. He should give emergency care and treatment to all patients sent to the dispensary and direct their transfer, if necessary, to the main base hospital. He should also provide local means of transportation and also transportation from any dispensary to the hospital base, determining what use may be made of available vehicles, boats, etc., belonging to private parties or local residents. He should keep proper records of all work and patients and make suitable entries in all health and service records and return them to the ship or forward them to the hospital to which the patient is sent. He should confer with the medical aid whenever necessary upon all matters within his purview, and at all times comply with the directions and instructions issued by the medical aid through the commandant.

ESTABLISHMENT OF DISPENSARY.

18. At those places where section bases have been located from which naval district forces are to operate and at such other places as necessary within the naval district, there should be established within the base or station or its immediate vicinity a dispensary for the reception, treatment, and immediate or remote disposition of the sick and wounded.

So far as practicable the dispensary should be situated at the best place for the landing of patients.

The dispensary should consist of a small building or one or several rooms in a building of a suitable size and character, depending upon the personnel to be served, having adequate facilities for the installation of proper ventilation, heating and lighting devices, etc., for possible arrangement into offices, reception, and emergency operating rooms, wards, toilets, kitchens, etc., where rational first aid and necessary operations, etc., may be conducted and where patients whose condition or injuries prevent their removal may be retained until such time as they may be fit for transfer to a hospital at the permanent naval base or may be given temporary treatment for a few days with a view to returning them to duty.

The local facilities of the United States Public Health Service preferably or in their absence of a civil hospital may be utilized temporarily or continuously in preference to opening a station, at the discretion of the medical aid. Where it would appear more practicable and economical, an office dispensary only need be established and a near-by marine hospital or civil hospital may be used to provide ward and operating room, etc., facilities.

EQUIPMENT AND SUPPLIES.

19. Such suitable supplies and equipment as may be necessary, the character and amount depending upon the presence of medical officer or hospital corpsman, number of men to be cared for, facilities for establishing a dispensary, proximity of an available hospital to which patients may be sent, etc., will be provided for each dispensary or station.

Requisitions for supplies, etc., and medical outfits are to be prepared by the medical aid or by his representative or the respective dispensary medical officer and forwarded to the Bureau of Medicine and Surgery after it has been reviewed by the medical aid and has been approved by him. When requisitions for equipping stations are forwarded they must be accompanied by a statement of the number of men to be served by the dispensary, the facilities available for their care, facilities for opening the dispensary under a roof, and the arrangements that have been perfected for the transfer of patients to hospital. Special instructions with the regard to the shipment of stores to the best advantage in so far as railroad, water, motor, or other means is concerned should also be stated.

Boat boxes should be secured by the medical aid at headquarters in a sufficient number to provide each patrol boat or for distribution to boats as required. (Use Form 4 M. & S.) (Section commanders should see that patrol boats in their sections are equipped with these boxes.)

Medicine boxes should be secured by the medical aid at headquarters with which to equip each parent or "mother" boat if present. To large patrol boats having complements in excess of 20 men should be issued a medicine box if considered necessary. (See Supply Table, p. 30).

In order to conserve medical supplies and boat boxes only such stores and boxes as are actually required for the present usage should be requisitioned for. Due economy should be exercised in these matters.

The use of Form B or other medical requisitions by other than medical officers under the supervision of the medical aid is not desired nor practicable.

RECEPTION OF PATIENTS AT DISPENSARIES.

20. Such sick and wounded as the medical department of a patrol boat is unable to care for will be transferred to the care of the dispensary of the section base or station for further transfer, if necessary, to the naval base hospital.

A vessel of the naval district forces having sick or injured on board, may proceed to the nearest section base or station dispensary and turn over all patients to the medical officer in charge of the section base dispensary. All papers and health records belonging to the patients should be left with him at this station. If but temporary rest and treatment are required, the patient may be returned to duty, when thought practicable, direct from this point. If, however, such is not the case, patients will receive such treatment, medical or surgical, in the way of medicines, surgical dressings, minor or emergency operation, as is deemed wise or sufficient to safeguard life and make early convalescence possible. Those who are unable to be moved further shall be retained and carefully attended until transfer becomes feasible and possible. As soon as considered able to travel, and transportation is available, all patients who require further hospital treatment or long-drawn-out treatment at a hospital, are to be evacuated to the nearest naval hospital at the permanent naval base. If it is impracticable to transfer patients to the nearest naval hospital, a hospital of the Public Health Service will be made use of. The transfer of patients should be effected with the greatest comfort to the patient, and provisions made so that his injury may not be aggravated, and, should it be necessary, attendants for the journey shall be provided.

The medical aid or his representative and the medical officer in charge of the section base or station dispensary will be in charge and responsible until patients are delivered to the hospital service at the permanent naval base.

TRANSPORTATION.

21. The medical aid should establish, if practicable, at a convenient place suitably located with reference to wharves and railroad stations, a station for the reception and distribution of patients coming from the various district dispensaries en route to the naval hospital base.

Transportation.—Transportation, both local and central and between the local and central points, shall be under the charge of the medical aid to the commandant. Locally the medical officer in charge of the section base shall be in charge of his local transportation. Between the section base and the central base the medical aid to the commandant should provide means of transportation and familiarize himself with the possible means of transportation available between the section bases and his reception station. It should be his duty to acquaint the medical officers in charge of section bases with the opportunities for transportation, both by Government means, boat, train, automobiles, etc., make special provision for the transportation of patients in large numbers, and make provision for the proper delivery of patients to the naval hospital at the permanent naval base. He should further inform the naval hospital of the number of patients about to arrive for hospital treatment at such time in advance of the arrival of the patients as will permit the hospital to provide suitable accommodations for these patients, to evacuate to other hospitals, etc. In connection with the transportation locally at the permanent naval base he should confer with the medical officer in command of the naval hospital base with regard to transportation of patients from a naval hospital to the adjuncts thereto.

MEDICAL DEPARTMENT RECORDS.

22. When patients are put ashore at a section base dispensary all papers, service, and health records should accompany each patient. The medical officer should take charge of these records, make proper entries and forward them to the proper administrative office of the district. The health record should be retained and forwarded with the patient to the naval, marine, or civil hospital, as the case may be, to which the patient is transferred. Upon return to duty the health record should be returned direct from the dispensary together with the man. The dispensary should send to the bureau in each case, when the patient is discharged to hospital, discharged to duty, or otherwise disposed of, a Form F card, rough, for the files of the bureau, retaining the duplicate copy. The bureau will then make up Forms F and K, as the case may be, at the bureau. No additional report need be made to the bureau in the matter.

HOSPITAL SERVICE (CENTRAL).

23. The officer in charge of this service shall have general supervision of the hospital service of the naval hospital base located at a permanent naval base. He shall be responsible for the development of the maximum hospital facilities at the permanent naval base. He should prepare comprehensive, well-organized, and systematic plans and arrangements (in the way of understandings and agreements with local institutions—Public Health Service, municipal, and private) for the most expeditious and rational transportation, distribution, and disposition of patients sent to the naval hospital base, and for the supervision of the care of the sick and wounded in near-by civil hospitals, convalescent homes, or other institutions, when employed in part or as a whole as an annex or adjunct to the established naval hospital, preference being given to the hospitals, quarantine stations, or other facilities of the United States Public Health Service in evacuating the naval hospital. He should obtain a daily report of available and unoccupied beds at the naval hospital base and make provisions for the evacuation of all hospitals of convalescent patients to places inland, to their homes, etc., in order that beds may be available for acute cases and emergencies. He will arrange proper landing and reception facilities for patients on wharves or at railroad terminals suitable for such work and as near as possible and practicable to the center of his field of service in the permanent naval base.

He should familiarize himself with the transportation facilities available and prepare a list of sources of supply of vehicles which he may requisition in emergency for such transportation.

He should inform the bureau from time to time of the number of medical officers that he considers necessary and desires to have detailed to his command in addition to the officers of the regular service, reserve force, and militia now on duty there, to act as assistants or supervisors of sick in civil hospitals, etc., and for the proper execution of the activities of the naval hospital base.

He should also inform the bureau of the number of nurses and attendants, both male and female, required for the care of patients, etc., in the naval hospital and its outbuildings, temporary buildings, and tent wards.

He should make the necessary arrangements for the employment of all necessary civil, clerical, and other assistants needed in his offices.

He should make all provisions required by the Naval Regulations and Instructions and Manual for Medical Department for the preparation, verification, care in keeping, custody, and disposition of health records, statistical reports and returns, and all official and unofficial correspondence, etc.

He will have general supervision over the requisitions for and disposition of all medical supplies, stores, and equipment for the hospital service.

He should maintain close relations and cooperation with the medical aid to the commandant (director of dispensary service).

SUPERVISORS OF SICK.

24. Supervisors of sick will be detailed to all hospitals or other institutions other than naval hospitals where Navy patients are cared for, as representatives of the medical director of the hospital service, the number of officers and the duty assigned to each to be at the discretion of the director.

A supervisor may have charge of patients in one or more hospitals.

The duties of these supervisors of sick should be to have general charge of the care and comfort of the sick, keep the medical records, perform the purely naval duties in connection with the care of the sick, be held responsible for the enforcement of discipline through the proper authorities, recommend leave, medical surveys, discharge from the service or to duty, etc., of such patients as may be under his supervision. The supervisor should also make statistical returns, Form F rough, Form F smooth, Forms G, H, I, K, M, N, P, to the central administrative offices of the naval hospital.

DEVELOPMENT OF NAVAL HOSPITAL BASE.

25. The naval hospital located at the permanent naval base will act as the main and administrative base hospital. To provide for overflow of patients received in excess of accommodations of the hospital building, adjoining or near-by Government-owned buildings capable of conversion to hospital uses, buildings of a temporary or semipermanent character, or tents should be obtained and fitted for the purpose. To provide further for the care of patients in large numbers certain adjuncts should be available, these to consist of a marine hospital, a Public Health Service quarantine station, or other facilities, including Red Cross hospitals, civil hospitals, and institutions, insane hospitals, convalescent homes, estates offered as recuperative residences, etc. In the main the facilities of the United States Public Health Service will be utilized in preference and prior to civil institutions. These adjuncts may be expected to undertake the care of such acute or emergency cases as are sent to them, the staff of civil physicians regularly conducting the care of patients within the hospital performing, in so far as practicable, the operations necessary and providing the after treatment with the consent of the medical director or his representative. These adjuncts, however,

may be expected to act only in the capacity of evacuation hospitals, this to depend upon military circumstances and necessity, the character of the hospital or institution, the facilities at hand for the care of patients, and its location with regard to the immediate or remote relation to the naval hospital.

With the authorities of such civil hospitals and institutions as are desired as adjuncts the medical director should undertake to make clearly understood arrangements and agreements for the care of such patients as he may find it necessary to send to them and should obtain bids and execute contracts to meet all expenses incident to the care of such patients upon a per capita per diem basis and in accordance with specimen contract herein shown as inclosure J.

SUPPLIES AND EQUIPMENT.

26. All requisitions for equipment and supplies shall be prepared under the supervision of the medical director and shall be submitted only by him or his authorized representative.

Only such equipment and supplies as shall be required for the established naval hospital and for such adjacent buildings, temporary structures, and tent wards as are operated as immediate facilities for expansion (within the hospital grounds or the navy yard or station) shall be requisitioned for. No supplies, equipment, tentage, etc., will be distributed to civil hospitals or institutions, and all requests therefrom for such supplies and equipment shall be referred to the Bureau of Medicine and Surgery. Adequate supplies and dressings shall be kept on hand at all times, but no effort should be made to overstock beyond reasonable limits, in order that stores at supply depots may be conserved and used to best advantage to the service at large.

RECEPTION AND DISPOSITION OF PATIENTS AT THE NAVAL HOSPITAL BASE.

27. The naval hospital base will receive from all sources all naval patients requiring hospital care or prolonged treatment, their segregation, distribution, and disposition to be directed by the medical director to such hospitals, institutions, and places as he considers for the best interests of the patients in general or the particular individual or his condition, disease, or injury. In any event the best possible attention and medical skill should be provided. In the main patients should be admitted to the naval hospital until the limit of capacity is reached. There should be provisions made, however, for evacuation of beds in order that there may be beds available for emergencies not foreseen or expected. Every effort should be made to segregate and isolate the various types of contagious disease.

Disposition of patients from the naval hospital base should be under the direction of the medical director and may be made to duty, to opportunities for convalescents, to sick leave, to patients own home for leave, to a special institution for care and special treatment or desirable environment for cure, or such other disposition as is necessary, the usual regulations in such matters being followed.

All naval patients though disposed of locally for treatment will be officially regarded as attached to and under the rules and regulations of the established naval hospital and under the command of the medical director in command of the naval hospital.

MEDICAL RECORDS.

28. The medical director shall insure the observance of all provisions required by the Navy Regulations and Instructions and the Manual for the Medical Department for the preparation, verification, custody, and disposition of health records and service records, and for making of proper entries in pay accounts, etc., statistical reports and returns for all patients cared for by the hospital service either at the naval hospital or at any Public Health Service station, Red Cross hospital, civic institution, or elsewhere under the supervision of his offices and officers. The offices of the medical director at the naval hospital will have custody of all records, official and unofficial correspondence, statistical reports and returns, and the preparation and forwarding thereof. Supervisors of sick will be held responsible for the care and comfort of all patients under their charge, the custody and the making of proper entries in all health records, reports of medical survey, statements as to the condition of patients, statements or lists of patients by name, rate, station, diagnosis, and disposition in form of a report to the medical director, reports for incorporation in the naval hospital's returns on Forms F, G, H, I, K, M, N, and P in the case of all patients under his supervision and control.

The medical director, upon receipt of all data from his officers, shall require to be prepared the regular reports and returns usually made by the hospital, incorporating all patients, however distributed or disposed of and regarded as attached to the naval hospital base in these returns, as if these patients were housed and under treatment in the regular naval hospital establishment.

TRANSPORTATION.

29. Every provision should be made for the transportation not only of patients arriving for disposition to hospital but also of those to be distributed or exchanged among the various adjuncts and units

of the naval hospital base. There should be prepared a list of sources of supply of vehicles, ambulances, trucks, etc., which may be called upon or commandeered in emergency to meet the requirements of this transportation service. Cooperation with the medical aid in this service should be had with a view to the expeditious and suitable disposition of patients at the time of arrival at the distributing station. The use of the ambulances of the naval and adjunct hospitals, or of private ownership, or the requisitioning for additional ambulances for the naval hospital itself should be judiciously considered and determined.

QUARANTINE.

30. In matters of quarantine, fumigation and disinfection, combating epidemics, etc., the facilities of the Public Health Service will be utilized when practicable and necessary; special arrangements and directions in each case to be obtained through the Bureau of Medicine and Surgery.

SANITATION.

31. *Supplies of fresh water* should be obtained only from reliable and inspected sources. The United States Public Health Service maintains an inspection and examination service and has on file and readily available reliable information concerning the water supply of nearly all communities. Special request should be made to the Surgeon General, United States Public Health Service, via Bureau of Medicine and Surgery for this information.

RECORDS, ETC.

32. See under dispensary service and hospital service for instructions relative to records in the hands of each division of medical service.

Copies of all instructions and regulations issued and pertaining to the activities of the dispensary and hospital services, patrol boats, coast defense forces, etc., should be forwarded to the Bureau of Medicine and Surgery for information and file. Suggested changes or revisions or additions to this manual will receive careful consideration.

(INCLOSURE A.)

Correspondence relative to cooperation of the United States Public Health Service with the Medical Department of the Navy in time of threatened or actual war.

MARCH 23, 1917.

SIR: The Navy Department desires to take up the question of the possibility of the Medical Department of the Navy availing itself of the facilities to be had at certain hospitals and quarantine stations of the United States Public

Health Service for the care and treatment (even if no more than temporary) of sick and wounded from ships of the Navy on coast-defense duty when a naval hospital is not convenient or available.

The act of July 1, 1902, section 4, provided "That the President is authorized, in his discretion to utilize the Public Health and Marine-Hospital Service in times of threatened or actual war to such extent and in such manner as shall, in his judgment, promote the public interest without, however, in any wise impairing the efficiency of the service for the purposes for which the same was created and is maintained."

Therefore it is desired that the Medical Department of the Navy be authorized to direct the transfer of such sick and wounded patients to the nearest hospital or quarantine station of the United States Public Health Service when emergency or urgent necessity demands.

It is further desired that when naval patients are received in United States Public Health hospitals or quarantine stations that the health records, sick reports, medical surveys, etc., be kept and made out by officers of the United States Public Health Service attached to the hospital or quarantine station, such officers to be directed by proper authority to assist in the proper execution of Navy and Marine Corps medical records. Records, reports, surveys, etc., would be forwarded to the Bureau of Medicine and Surgery according to instructions in the Manual for the Medical Department or in accordance with such other instructions as may be issued from time to time.

Bills and expenses incurred in caring for these patients to be adjusted in the usual manner between governmental departments.

If this plan is approved, it is desired that an officer of the United States Public Health Service be detailed to confer with the Bureau of Medicine and Surgery, and it is further desired that the Bureau of Medicine and Surgery be furnished with the location, character, number of beds, operating facilities, and limit of expansion of these hospitals or quarantine stations.

Respectfully,

Secretary of the Navy.

The SECRETARY OF THE TREASURY,

Treasury Department, Washington, D. C.

TREASURY DEPARTMENT,

OFFICE OF THE SECRETARY,

Washington, March 24, 1917.

The SECRETARY OF THE NAVY.

SIR: I have the honor to acknowledge receipt of your letter dated March 23, 1917, stating that your department desires to take up the question of the possibility of the Medical Department of the Navy availing itself of the facilities to be had at certain hospitals and quarantine stations of the United States Public Health Service for the care and treatment of sick and wounded from ships of the Navy, under the act of July 1, 1902, section 4, which provides that that service may be utilized in times of threatened or actual war. It is further noted that it is desired that the Medical Department of the Navy be authorized to direct the transfer of sick and wounded patients to the nearest hospital or quarantine station of the Public Health Service if any emergency or urgent necessity demands, and that the health records, sick reports, and medical surveys of such sick and wounded patients to be kept and made out by officers of the United States Public Health Service.

In reply, I have to state that this department will cooperate with the Navy Department by placing the utilities of the Public Health Service as well as the

services of its medical officers at the disposal of your department, and in consonance with the request contained in the last paragraph of your letter a commissioned medical officer of the Public Health Service has been detailed to confer with the Bureau of Medicine and Surgery with a view to carrying out the requests contained in your letter.

Respectfully,

BYRON R. NEWTON, *Acting Secretary.*

(INCLOSURE B.)

EXECUTIVE ORDER.

Under the authority of the act of Congress approved July 1, 1902, and subject to the limitations therein expressed, it is ordered that hereafter in times of threatened or actual war the Public Health Service shall constitute a part of the military forces of the United States, and in times of threatened or actual war the Secretary of the Treasury may, upon request of the Secretary of War or the Secretary of the Navy, detail officers or employees of said service for duty either with the Army or the Navy. All the stations of the Public Health Service are hereby made available for the reception of sick and wounded officers and men, or for such other purposes as shall promote the public interest in connection with military operations.

WOODROW WILSON.

THE WHITE HOUSE, April 3, 1917.

(INCLOSURE C.)

COOPERATION WITH THE NAVY DEPARTMENT.

Unnumbered bureau circular letter.

TREASURY DEPARTMENT,

UNITED STATES PUBLIC HEALTH SERVICE,

Washington, April 14, 1917.

To Medical Officers in Charge

First, Second, and Third Class Stations,

United States Public Health Service.

There are forwarded to you under separate cover a copy of the Manual for the Medical Department of the United States Navy, together with amendments thereto, a Nomenclature of Diseases and Injuries used by the Navy Department, and certain health records and blank forms of the Medical Department of the Navy.

The Secretary of the Navy has requested that officers of the service become familiar with the directions given in the manual, particularly chapters 6, 8, 13, 16, 17, 18, 24, and 25, and that the forms be used in keeping the records of the sick and injured of the Navy who may be admitted to your station under paragraph 463 of the Service Regulations, 1913. You are directed to comply with the request of the Secretary of the Navy and to instruct the officers at your station in the manual and the use of the blanks; also to take up the manual and amendments thereto on the station property return.

All communications with the Navy Department should be forwarded through the bureau. A rubber stamp of identification for marking these papers in the upper right hand corner will be sent you in a few days.

You are directed to acknowledge the receipt of this letter.

RUPERT BLUE, *Surgeon General*.

(INCLOSURE D.)

UNITED STATES COAST GUARD.

Officers of the Public Health Service are detailed to duty aboard vessel of the Coast Guard by direction of the Secretary of the Treasury upon the request of the Secretary of the Navy, in accordance with the Executive order of the President of April 3, 1917 (see Inclosure B).

The procedure followed in obtaining supplies for marine hospitals and quarantine stations is as follows:

Subsistence.—If supplies contracted for by the General Supply Committee are needed in quantities of 100 pounds or more, they are ordered direct from the contractors listed in the general schedule of supplies; if in quantities of less than 100 pounds, requisition can be made upon the purveying depot at Washington, D. C., which will ship the articles needed. Supplies not contracted for by the General Supply Committee may be bought on quarterly proposals, approved by the bureau, or on yearly contract with formal bond, approved by the Secretary of the Treasury. When these are not obtainable, purchases are made in open market at the lowest prices for satisfactory supplies.

Equipment.—Regular requisitions for equipment needed are submitted to the bureau semiannually. Special requisitions are submitted from time to time as occasion demands. If the articles needed are listed in the general schedule of supplies, the station is authorized to buy direct from the contractor, provided the weight of the shipment from the contractor aggregates 100 pounds or more. If the weight of the shipment is less than 100 pounds, the articles are ordered and shipped by the purveying depot at Washington. If the articles needed are not on the general schedule of supplies, the stations are authorized to solicit competitive proposals by advertising and submit them to the bureau with recommendation for approval. Proposals for equipment not on the general schedule of supplies under \$100 are approved by the Surgeon General; proposals in amount of \$100 or more are approved by the Secretary of the Treasury. Articles of equipment immediately needed may be bought by the stations without bureau authority under the law and regulations governing exigency purchases, and vouchers to cover submitted to

the bureau for approval and payment. (Abstract from letter from the Surgeon General, United States Public Health Service, May 21, 1917, on file in Bureau of Medicine and Surgery.)

(INCLOSURE E.)

UNITED STATES COAST AND GEODETIC SURVEY.

Surgeons in the service of the United States Coast and Geodetic Survey are appointed by the Secretary of Commerce, upon recommendation of the Superintendent of the Survey, after selection from a certificate of eligibles from the United States Civil Service Commission, Washington. Applicants residing in the Philippine Islands may be certified through the Philippine Civil Service Board, Manila, P. I., provided they have been examined by that board. Applicants are required to show that they are graduates from medical schools of recognized standing and must pass the same physical examination as that prescribed for positions in the United States Public Health Service.

The number of surgeons in the Coast and Geodetic Survey actually employed under pay at any time is nine. Four of these are employed in Alaska and on the Pacific coast, four in the Philippines, and one on the Atlantic coast and Porto Rico. All surgeons are attached to vessels of the Survey.

The salaries of these surgeons are paid from a lump-sum appropriation made by Congress to man and equip vessels of this service. The employment of these surgeons may be terminated by furlough without pay at any time according to the exigencies of the service.

Surgeons are frequently employed for temporary duty on board vessels of this service during the Alaska surveying season, at the close of which their services are discontinued. Such appointments are made through the Civil Service Commission in the manner outlined above.

This service maintains no dispensaries for the treatment of the ship's officers or the crew of vessels. The benefits of the United States Public Health Service are extended to cover cases requiring hospital treatment. On shipboard all officers and employees are entitled to the services of the ship's surgeon and the ship's medical supplies.

The medical supplies are obtained by requisition on the Navy Department. Requisitions are made on Form B of the Navy Department by the surgeon of the vessel and, after approval by his commanding officer, are forwarded to the Superintendent of the Coast and Geodetic Survey for administrative examination to insure

proper economy, after which they are forwarded to the Bureau of Medicine and Surgery, Navy Department. The amount requisitioned is based on the latest edition of the Navy Medical Supply Table. Necessary articles not included in the supply table are purchased by the commanding officer in the open market on competitive bids.

There are seven surgeons in the service now under pay. The longest continuous service of any one in that corps covers a period of 17 years.

Surgeons are assigned or transferred to or from vessels of the Coast and Geodetic Survey by order of the superintendent.

Newly appointed surgeons assigned to survey vessels in the Philippines are obligated to serve a period of two years. This is done to insure the Government against loss of service after having paid transportation from the United States to the Philippine Islands.

(INCLOSURE I.)

UNITED STATES PUBLIC HEALTH STATIONS HAVING COMPLETE FACILITIES FOR DISINFECTION, FUMIGATION, DERATIZATION, ETC., OF SHIPS.

The following data is furnished as to the capacity and availability of the various quarantine stations of the Public Health Service in respect to the fumigation and disinfection of Navy vessels.

Portland, Me., quarantine station.—This station is located on House Island in Portland Harbor, about one-fourth mile from the city. Vessels subject to quarantine treatment are furnished ample anchorage in Casco Bay. The depth of water at the wharf is not sufficient for ships to go alongside. There are hospital facilities for 10 patients and detention barracks for the accommodation of 46 persons. Detention barracks with a capacity of 300 persons are now being constructed and will probably be available within one year. While the detention and hospital facilities are somewhat restricted, the disinfecting and fumigating equipment is sufficient for the treatment of vessels of any size.

Boston, Mass., quarantine station.—This station is located on Gallops Island, about 6 miles from the city. Alongside the wharf there is a depth of water of 13 feet at low tide and 22 feet at high tide. A short distance from the wharf, however, vessels of greater draft can secure safe and sufficient anchorage. There are hospital facilities at this station for 65 patients. The capacity of the barracks for the detention of contacts or suspects is 600 persons. The disinfecting and fumigating equipment is sufficient for vessels of any size. There are also shower baths and steam chambers for the disinfection of clothing and personal effects.

Providence, R. I., quarantine station.—At Providence the disinfecting equipment and detention facilities are located on a floating plant, and vessels of any size can anchor in the stream alongside. The isolation facilities on the hulk are sufficient only for 5 persons, and the accommodations for contacts or suspects are limited to 100 persons. Vessels of any size can be fumigated or disinfected at this station, and clothing and personal effects can be disinfected in steam chambers located on the floating plant.

Reedy Island, Del., quarantine station.—This station is located about the center of Reedy Island in the Delaware River and is distant from Delaware City about 6 miles and from Port Penn about one-half mile. Vessels with a draft of 30 feet or under can come alongside the wharf. The capacity of the barracks for the detention of suspects is 865 persons. The hospital capacity is sufficient for 20 or 30 patients. Vessels of any size can be fumigated or disinfected.

Delaware Breakwater, Del., quarantine station.—This station is located on Delaware Bay just within Cape Henlopen and on the south side of the bay. The station is distant from the town of Lewes, Del., about $2\frac{1}{2}$ miles, and from Philadelphia about 116 miles. There are no dock or wharf facilities at this station. It is understood that there is safe anchorage in the bay for the largest vessels, and personnel can be disembarked at a small pier near the station. There are hospital facilities for 35 patients and detention facilities for 500 persons. In addition, there is a small hospital for the isolation of contagious diseases, with a capacity of 6 patients. The fumigating and disinfecting equipment is sufficient for vessels of any size, and there are also steam chambers for the disinfection of clothing and personal effects.

Cape Charles, Va., quarantine station.—This station is located at Old Point. Vessels are disinfected and fumigated at anchorage in Hampton Roads, and the equipment for this purpose is ample for vessels of any size. There are no facilities, however, for the detention of persons in quarantine other than on the vessel treated.

Charleston, S. C., quarantine station.—This station is located on the north end of James Island, Charleston Harbor, about 3 miles from the city of Charleston. Vessels with a draft of 22 feet can go alongside the wharf. For vessels of a greater draft safe anchorage is available nearby. There are accommodations on the station for the detention of 90 persons and hospital facilities for the care of 8 patients. The equipment is ample for the disinfection and fumigation of vessels of any size. There are steam chambers for the disinfection of clothing or personal effects on the station.

Savannah, Ga., quarantine station.—This station is located on Cockspur Island in Savannah River, about 15 miles below the city of Savannah. The depth of water alongside the wharf is 20 feet.

Vessels of a greater draft can anchor in the river nearby. There are hospital accommodations for 12 to 15 patients and detention facilities for contacts or suspects sufficient for 40 persons. There are adequate facilities for the disinfection and fumigation of vessels of any size, also steam chambers for the disinfection of clothing and personal effects.

Cape Fear, N. C., quarantine station.—This station is located on piling in the Cape Fear River, just off Southport. Alongside the wharf there is a depth of water of 26 feet. Vessels of greater draft can secure safe anchorage nearby. The hospital capacity is 18 patients. The barracks for the accommodation of suspects or contacts will hold 50 persons. The fumigating and disinfecting equipment is ample for vessels of any size. There are also steam sterilizing chambers for the disinfection of clothing or personal effects.

Tampa Bay, Fla., quarantine station.—This station is located on Mullet Key, about 11 miles south of St. Petersburg, Fla., and 35 miles from Tampa. The depth of water alongside the wharf is sufficient for vessels of 19 feet draft. The anchorage nearby is ample for vessels of any draft and is safe. There are hospital facilities at the station to accommodate 8 patients. The detention barracks will provide for 36 persons. Vessels of any size can be fumigated or disinfected, and there are also steam sterilizing chambers for the disinfection of clothing and effects.

Pensacola, Fla., quarantine station.—This station is located in Santa Rosa Sound, on the north side of Santa Rosa Island, about 7 miles from the city of Pensacola. There is a depth of water alongside the wharf of 22 feet and a safe anchorage for vessels of greater draft nearby. Vessels of any size can be disinfected or fumigated at this station. There are also steam sterilizing chambers for the disinfection of clothing and personal effects.

Mobile, Ala., quarantine station.—This station is located at the entrance to Mobile Bay, near Fort Morgan. There is no anchorage alongside the wharf, but there is ample and safe anchorage for vessels of any size nearby. The disinfecting and fumigating facilities are ample for vessels of any size. There are accommodations for 65 suspects or contacts.

New Orleans, La., quarantine station.—This station is located on the Mississippi River about 90 miles below New Orleans. There is a depth of water alongside the wharf of 30 feet. The hospital capacity is 30 patients. The detention barracks will accommodate 200 suspects or contacts. The equipment for fumigation and disinfection of vessels of any size is ample. The station is equipped with steam-sterilizing chambers for the disinfection of clothing and personal effects.

Galveston, Tex., quarantine station.—This station is located on Pelican Spit, about 2 miles from Galveston. The depth of water alongside the wharf is 25 feet. Vessels of greater draft can anchor nearby. There is ample equipment for the fumigation and disinfection of vessels of any size. There are also steam sterilizing chambers for the disinfection of clothing or personal effects. There are beds for 15 patients in the hospital, and the detention barracks will accommodate 70 persons.

San Diego, Cal., quarantine station.—This station is located on the west side of the harbor, to the north of the entrance, about 4 miles from Point Loma and 7 miles from the city of San Diego. The depth of water alongside the wharf is 22 feet, and there is sufficient anchorage in the bay nearby for vessels of any size. The hospital has a capacity of 18 patients, and the detention barracks will accommodate 80 suspects or contacts. There is ample equipment for fumigating or disinfecting vessels of any size, including steam sterilizing chambers.

San Francisco, Cal., quarantine station.—This station is located on the north side of Angel Island, in San Francisco Bay, about 6 miles distant from San Francisco and 1 mile from Tiburon. The depth of water alongside the wharf is 19 feet, and there is ample and safe anchorage for vessels of larger size in the adjacent harbor. The hospital will accommodate 45 patients. The accommodations for suspects or contacts are sufficient for about 350 persons. There is ample equipment for fumigating or disinfecting vessels of any size, also steam sterilizing chambers.

Columbia River, Ore., quarantine station.—This station is located on the north shore of Columbia River, opposite the city of Astoria, about 12 miles from the mouth of the river. The depth of water alongside the wharf is 24 feet, with anchorage for vessels of greater draft in the river nearby. At this station vessels of any size can be fumigated or disinfected, the equipment including steam sterilizing chambers. There are hospital facilities for 20 patients, and the detention barracks will accommodate 54 suspects or contacts.

Port Townsend, Wash., quarantine station.—This station is located on Diamond Point, on the west shore of Discovery Bay, Puget Sound, about 12 miles from Port Townsend. Alongside the wharf the depth of water is 30 feet. The hospital capacity is 26 patients, and the detention barracks can accommodate 661 persons. Vessels of any size can be fumigated or disinfected. The equipment also includes steam sterilizing chambers.

Honolulu, Hawaii, quarantine station.—This station is located in the harbor of Honolulu near the city. There are accommodations for the housing of 1,000 suspects or contacts and hospital facilities for the care of 31 patients. Vessels of any size can be fumigated or

disinfected, and the equipment includes steam sterilizing chambers for the disinfection of clothing and personal effects.

Mariveles, P. I., quarantine station.—This station is located at the entrance to Manila Harbor, Manila Bay, opposite Corregidor. The depth of water alongside the wharf is 26 feet, with ample and secure anchorage near by for vessels of any size. There are hospital accommodations for 40 patients and detention facilities for 1,200 persons. The fumigation and disinfection facilities are ample for vessels of any size. The entire personnel of Army transports have frequently been treated at this station, which is an exceptionally well-equipped plant.

San Juan, P. R., quarantine station.—This station is located on the island of Miraflores, in San Juan Bay. It is necessary for vessels to anchor about one-fourth mile from the quarantine station in order to secure sufficient and safe anchorage for vessels of any size. The facilities are sufficient for the fumigation or disinfection of any size vessel, and include steam sterilizing chambers for the disinfection of personal effects and clothing. There are hospital accommodations for 12 patients. The capacity of the detention barracks is sufficient for 75 suspects or contacts.

In general it may be stated that for the treatment of the larger size naval vessels the stations at Boston, Reedy Island, Charleston, Tampa Bay, Pensacola, New Orleans, San Francisco, Port Townsend, Honolulu, Mariveles, and San Juan should be selected as having the more ample accommodations for the detention of personnel and equipment for disinfection. (Copy of letter from Surgeon General, United States Public Health Service, June 12, 1917.)

(INCLOSURE J.)

SPECIMEN CONTRACT FOR USE IN CONNECTION WITH THE USE OF FACILITIES OF CIVIL HOSPITALS, ETC.

N. M. S. 1a. REQUISITION FOR SERVICES OR SUPPLIES (ON SHORE). No. 103.

U. S. Naval Hospital, Portsmouth, N. H., May 26, 1917.

To the Surgeon General U. S. Navy:

The following-named services or articles (which latter I hereby certify are not in store in any unreserved stock, or obtainable here under existing contracts) are required for maintenance of patients in excess of naval accommodations and will be absolutely necessary for the needs stated immediately. Appro. "8804 Hospital Expenses 1917-1918."

For the care, maintenance, and treatment of naval patients in other than the Naval Hospital, including officers and enlisted men of the Navy and Marine Corps, members of the Nurse Corps, officers and enlisted men of the Naval Militia, National Naval Volunteers, Naval Reserve Force, and other Federal services, and enrolled women when in active service with the Navy:

1. For care of officers and members of Navy Nurse Corps and enrolled women (noncontagious cases)-----

2. For care of enlisted men (noncontagious cases)-----
 3. For care of contagious cases-----
 4. Ambulance service-----

Specification: Proposals will be on a per capita per diem basis.

NOTE.—Please submit bids to commanding officer for recommendation as to award, as the character of the hospital, its location, accessibility, and ambulance service are matters of equal or greater importance than the price bid.

Total----- \$1, 000

Bureau of Medicine and Surgery.
 Approved -----for delivery.

By-----{ Open purchase.
 { Advertisement.

Shipment from-----

Bureau of Supplies and Accounts.

Purchase ordered-----

Navy Pay Office-----

Articles marked-----

Ordered from points indicated-----

REPORTS OF PURCHASES.

Date.	Delivery due.	Articles.	Amount.
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

VOUCHERS PASSED.

Dealers.	Date.	Total amount.	Pertaining to this requisition.
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

(INCLOSURE K.)

A PROCLAMATION BY THE PRESIDENT OF THE UNITED STATES.

Whereas the American National Red Cross having been incorporated by an act of Congress January 5, 1905, "To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the treaty of Geneva of August 22, 1864"; and

Whereas it is desirable definitely to state the relations that shall exist between the American National Red Cross and the military departments of the Government in the event of war:

Now, therefore I, William H. Taft, President of the United States, by virtue of the authority in me vested, do hereby declare and proclaim—

1. That the American National Red Cross is the only volunteer society now authorized by this Government to render aid to its land and naval forces in time of war.

2. That any other society desiring to render similar assistance can do so only through the American National Red Cross.

3. That to comply with the requirements of article 10 of the International Red Cross Convention of 1906 (revision of the treaty of Geneva), that part of

the American National Red Cross rendering aid to the land and naval forces will constitute a part of the sanitary services thereof.

4. That should it be desirable in time of war, or when war is imminent, for the War Department or the Navy Department to make use of the services of the American National Red Cross, the Secretary of such department is authorized to communicate with the president of the society, specifying the character of the services required and designating the place or places where the personnel and material will be assembled.

5. That when any member of the American National Red Cross reports for duty with the land or naval forces of the United States, pursuant to a proper call, he will thereafter be subject to military laws and regulations as provided in article 10 of the International Red Cross Convention of 1906 and will be provided with the necessary certificate of identity.

6. That, except in cases of great emergency, the personnel of the American National Red Cross will not be assigned to duty at the front but will be confined to hospitals in the home country, at the base of operations, on hospital ships, and along lines of communication of the military and naval forces of the United States.

In witness whereof I have hereunto set my hand and caused the seal of the United States to be affixed.

Done at the city of Washington this 22d day of August, A. D. 1911, and of the Independence of the United States of America, the one hundred and thirtysixth.

WM. H. TAFT.

(INCLOSURE L.)

RECORDING NAVAL RESERVE PERSONNEL (ALL CLASSES) AND SUPERNUMERARIES (R. & P. D. 127644, 4-30-17.)

1. Officers and enlisted personnel of the Naval Reserve (all classes) when on active duty, and National Naval Volunteers (Naval Militia) when drafted into the regular service, shall be treated in all respects, for record purposes, as officers and enlisted personnel of the active force of the Navy and shall be accounted for on all reports and returns as such. They shall be designated by placing after the grade or rate, wherever used, for Naval Reserve "NR" and for National Naval Volunteers "NNV."

2. In reporting supernumeraries indicate a retired officer or man by giving grade or rate followed by the letters "RET"; officers and men of the Naval Auxiliary Service by grade or rate followed by "NAS"; ex-service personnel by the letters "EX" followed by the grade or rate previously held; members of the Nurse Corps (female) by "Nurse"; officer and men of the Coast Guard Service by the grade or rate followed by "CGS"; members of the Lighthouse Service by their titles followed by "LHS"; members of other naval or military organizations by grade or rate followed by the nationality or other indication; and civilians by "Civil."

3. The term "super" for supernumeraries generally has not been very satisfactory to the bureau for reference purposes and by close adherence to the above or definite designations the bureau will be in possession of better information in dealing with these cases.

GENERAL INSTRUCTIONS FOR BLANK FORMS (PERSONNEL).

4. Ribbon copies (originals) only of reports and returns shall be forwarded to the department, except where a form is required in duplicate or more copies, in which case clear carbon copies are permitted as the duplicate, or seconds, thirds, etc.

5. No form shall be extended by attaching pieces. A whole additional sheet of a form shall be used when necessary, or additional pieces pasted or fastened in such a manner so as not to increase the original size of the form.

6. Economy in spacing shall be exercised, and, when not specially ruled, single-line spacing with the typewriter should always be used. Do not write or place other markings in spaces when no information is required. Leave them blank.

7. All reports and returns shall be forwarded at the time required, whether there is anything to report or not. Receipt of a form with no information at least informs the bureau that it has not been overlooked or that it has not been lost in the mails.

8. *Names.*—Blank forms, letters, and telegrams, generally, which refer to personnel, deal primarily with the individual, and, as most all forms and correspondence are filed in jackets, under the name, it is imperative that the Christian name or names and surname be spelled out in full as far as possible.

Owing to the frequency with which some names appear in the files, it is at times impossible to differentiate between individuals whose names are similar when only the surname and initials are given.

9. *Grades and rates.*—As far as possible the grades and rates of officers and enlisted men shall be spelled out in full, but where sufficient space is not provided abbreviations shall be used.

(INCLOSURE M.)

DEATHS AND DISPOSAL OF REMAINS.

Any deaths that may occur shall be reported by commanding or medical officers to the Bureaus of Navigation and Medicine and Surgery by separate telegrams. In addition, information of the same shall be forwarded to the nearest relative or legal representative of the deceased if the address of such person can be obtained. A telegram may be used for this if deemed expedient.

In the case of officers and men who die elsewhere than within the United States the amount paid for funeral expenses, including preparation, incasement, and interment of remains, shall not exceed \$50 each, unless due regard for decent burial renders greater expense necessary, which fact must be certified on all copies of the public bills by the officer ordering payment of the bill. Such bills will be chargeable to the appropriation, "Contingent, Medicine and Surgery."

Annual contracts which provide for funeral expenses for the personnel of the Navy and Marine Corps will be availed of for the necessary and proper funeral expenses of officers and men of the Naval Auxiliary Service who die at or near naval stations in the United States, and when so availed of the public bills will be made by the hospital or the medical officer of the station, according to the terms of the contract; and elsewhere within the United States such expenses will be allowed upon public bills duly prepared by the master as a charge against the appropriation "Contingent, Medicine and Surgery," when approved by the Bureau of Medicine and Surgery. Full information relating to the above-mentioned annual contracts, and as to prompt transfer of bodies to hospital for preparation, incasement, etc., and other proper methods of procedure will be obtained by the master from the commanding officer of the naval hospital or the medical officer of the station, as the case may be.

The effects of the deceased, other than jewels, trinkets, keepsakes, etc., may be sold and the proceeds of the sale credited to the accounts of the deceased; the express charges for transportation of such effects as it may be found expedient to send to the next of kin will be a charge against "Contingent, Bureau of Navigation." When the next of kin can not be found the effects of any value shall be sent to the Bureau of Navigation.

The accounts of all deceased persons shall be closed as soon as possible and forwarded to the Auditor for the Navy Department.

Shipment of bodies may not be made at Government expense to a point beyond the continental limits of the United States.

Funeral expenses of those who die on board or at a naval hospital or station, and when burial is made by naval authority, are defrayed by Government, but when the funeral arrangements are assumed by relatives or friends the expenses are not chargeable to the United States. (Dec. Comp., Mar. 19, 1901.)

The expenses for the service of a chaplain may be allowed when the services of a Navy chaplain are not available, and will be a charge against the appropriation "Contingent, Medicine and Surgery." (Manual for Medical Department, par. 3454.)

